REGISTRATION AGREEMENT

I would like to enroll /re-enroll (Circle one) Child's name _____
in the Montessori Community School.

Birth date of child: _____

The date that I would like my child to start (subject to availability in classroom): _____

He or she will be attending the following sessions:

_____ All Day Session 5 days ___ Infants ___ Toddler ___ Preschool
_____ Montessori Full-Day Kindergarten
_____ Part Time Preschool - 9:15 am -1:00 pm (3,4,5 yrs old) ___ 2 days ___ 3 days
___ 4 days ___ 5 days
_____ Part Time Preschool - 9:15 am -3:00 pm (3,4,5 yrs old) ___ 2 days ___ 3 days
___ 4 days ___ 5 days
All Day Part Time: ___1day ___2days ___3Days ___4 Days

_____ Summer Elementary Program (1st-6th grade)

I understand that the weekly tuition for my child will be $_____.

Tuition is due and payable in advance. Weekly tuition that is not paid by Tuesday by 6:00 p.m. of that week will have a $5.00 late fee added to tuition. Your child will not be permitted to his/her class once your account has reached 30 days past due and will result in a 1.5 % interest charge compounded monthly, not to exceed 18%.
Two Week notice Policy: I am financially responsible for giving Montessori Community School a two week notice prior to the end of my child's enrollment. I understand that if I do not give a two week notice that I will be charged for the two weeks tuition.

I have read and understood the tuition policies. By signing this form I agree to adhere to all policies of the Montessori Community School.

Parent's Signature _____ Date_____
Address _____ Telephone _____

Email Address (This information will strictly be used for Montessori communications only)
How did you learn about Montessori?
_____

Return form with a non-refundable $35.00 registration fee.